DELINEATION OF CLINICAL PRIVILEGES - GENERAL MEDICAL OFFICER (For use of this form, see AR 40-69; the proposent agency is OTSG.) 1. NAME OF PROVIDER (Last, Fiest, Mil) NAME OF PROVIDER (Last, Fiest, Mil) NETRUCTIONS: PROVIDER: Enter the appropriate provider code in the column marked "REQUESTED". Each category and/or individual privilege listed of the code. For procedures listed, line through and initial any criteria/applications that do not apply. Your signature is required at the end of Section I. Once approved, any revisions or corrections to this list of privileges will require you to submit a new DA Form 5440. SUPERVISOR: Review each category and/or individual privilege coded by the provider and enter the appropriate approval code in the column marked "APPROVED". This serves as your recommendation to the commander who is the approval authority. Your overall recommendation and signature are required in Section II of this form. GENERAL: The General Medical Officer (RMI) is trained at not less than postgraduate year one (PGY-1), but has not yet completed a formal residency. Assignment of clinical privileges will be based on education, clinical training, experience, and demonstrated skills in interviewing, examination, assessment, and management of patients with general medical, surgical, obstatrical, pediatric, and mental healt problems. The GMO will manage routine and emergent medical conditions consistent with his/her training, and will refer more complex patients to specialty medical care. Consultation will be obtained from specialists before initiating elective care of patients with more serious or complicated illnesses, or major injuries. In an emergency, the GMO will do all in his/her prover to save life or prevent disability, to include obtaining, approviate consultations. The GMO will manage routine and emergent medical conditions consistent with his/her training, and will refer more complex patients to substaining approviate consultations. The GMO will be approved to the consultation of the c											
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requiring hospitalization. (5) Animal, insect, or human bites (wi appropriate referral for hand injuried for hand injur								(4)	Acute hypotension or h	ypertension	
(6) Heat or cold injury			requiring hospitalization.					(5)			
(2) Continue therapy initiated by a								(6)	Heat or cold injury		
consultant (7) Minor burns				u				(7)	Minor burns		
d. Administer anesthetic agents, such as: (8) Caustic ingestion			d. Administer anesthetic agents, su	ch as:				(8)	Caustic ingestion		
(1) Local and digital block anesthesia (9) Allergic disorders (e.g., asthma,			(1) Local and digital block anest	hesia				(9)	Allergic disorders (e.g.	asthma,	
(2) Other (Specify) urticaria, sinusitis/rhinitis)			(2) Other (Specify)						urticaria, sinusitis/rhini	tis)	_
(10) Other (Specify)	Control Control							(10	Other (Specify)		_
e. Perform emergency resuscitation,			e. Perform emergency resuscitation	,							
stabilization and management. h. Perform general medical procedures			NET A					h. Per	form general medical pr	ocedures	
(1) Nasotracheal intubation appropriate to a clinic setting, to inclu			(1) Nasotracheal intubation					app	propriate to a clinic setti	ng, to include	:
(2) Orotracheal intubation (1) Central venous access			(2) Orotracheal intubation					(1)	Central venous access		
(3) Defibrillation (2) Venous cutdown			(3) Defibrillation			V. Lun		(2)	Venous cutdown		
DA Form 5440-25, DATE PREVIOUS EDITIONS ARE OBSOLETE Page 1 of 3 F	DA Form	5440-25	. DATE PREVIO	US EDITION	IS ARE O	BSOLE	TE		Pa	ge 1 of 3 Pag	es

Requested	Approved	STRONG.		Requested	Approved	
		(3)	Interosseous infusion			(7) Vasectomy
		(4)	Lumbar puncture	Este de		(8) Other (Specify)
			Gastric cannulation and lavage			The Control of the Co
		1.000	Anoscopy			
			Thoracostomy			Perform initial and emergency manage-
		1000	Other (Specify)			ment of musculoskeletal trauma, minor major, pending transfer, to include:
						(1) Suture digital/extremity lacerations involving nerve, tendon, or vessel
			luate and treat minor dermatological ditions, to include:			repair (2) Provide non-surgical management (
		(1)	Recommend shaving profile			neck and back pain
		(2)	KOH prep			(3) Aspirate and/or inject joints
		(3)	Wart removal Shave biopsy			(4) Initial management (including castil of closed orthopedic injuries, with
		700000	Topical drug therapy			referral (5) Closed reduction of digits, shoulder
		3160	Skin infection			or hip (with immediate consultation
		1-7	Other (Specify)			(6) Other (Specify)
		j. Eva	luate and treat minor GYN problems, to			m. Other
			ude:	-		(1) Triage and manage mass casualty situations per disaster plan
			Perform bimanual pelvic exam, Pap smear, breast exam			(2) With Flight Surgeon, plan and cond medical air-evacuation of patients
			Treat pelvic inflammatory disease			(3) Supervise the administration of
		(3)	Prescribe oral contraceptives			immunizations/vaccines
		200000	Remove intrauterine device (IUD) Other (Specify)			(4) Supervise/conduct Soldier Readines Processing (SRP)
MINANCES.			Citis Toposity			(5) Serve as profiling officer IAW AR 40-501
			form minor surgical procedures, ropriate to a clinic setting, to include:			(6) Provide health maintenance and disease prevention teaching and counseling
			Incision and drainage (I&D), simple abscess			(7) Conduct occupational medicine surveillance
		(2)	I&D external thrombotic hemorrhoids,			(8) Provide routine prenatal care
			pilonidal cyst, with referral as			(9) Perform emergency childbirth
		(3)	appropriate Manage infected ingrown nails			(10) Care for infants under two years age
		(4)	Excision of superficial subcutaneous lesions for pathologic study			(11) Other (Specify)
		(5)	Excision of foreign bodies from exposed and/or superficial soft tissue			
		(6)	Suture skin and superficial lacerations (except eyelid, ear, lip, central face, palm of hand)			

COMMENTS (Continued)					
		SIGNATURE OF	PROVIDE	ER	DATE (YYYYMMDD)
	SECTION II - SUP	PERVISOR'S REC	OMMEND	PATION	
Approval as requested	Approval with Modifications				
COMMENTS	7 Ipprovar With Mountations	y topechy below,		Візаррі очат (зреслу веюм)	
DEPARTMENT/SERVICE CHIEF (Type	ed name and title)	SIGNATURE			DATE (YYYYMMDD)
	SECTION III - CREDENTI		E RECOM		
Approval as requested	Approval with Modifications	(Specify below)		Disapproval (Specify below)	
COMMENTS					
					Takes
CREDENTIALS COMMITTEE CHAIR	RPERSON (Name and rank)	SIGNATURE			DATE (YYYYMMDD)

EVALUATION OF CLINICAL PRIVILEGES - GENERAL MEDICAL OFFICER (For use of this form, see AR 40-68; the proponent agency is OTSG.)								
1. NAME OF PROVIDER (Last, First, MI)	2. RANK/GRADE	3. PERIOD OF EVA	ALUATION (YYYYMMDD) TO					
4. DEPARTMENT/SERVICE	5. FACILITY (Name	and Address: City/State/Zit	P Code)					

INSTRUCTIONS: Evaluation of clinical privileges is based on the provider's demonstrated patient management abilities appropriate to this discipline, and his/her competence to perform the various technical skills and procedures indicated below. All privileges applicable to this provider will be evaluated. For procedures listed, line through and initial any criteria/applications that do not apply. The privilege approval code (see corresponding DA Form 5440) will be entered in the left column titled "CODE" for each category or individual privilege. Those with an approval code of "4" or "5" will be marked "Not Applicable". Any rating that is "Unacceptable" must be explained in SECTION II - "COMMENTS". Comments on this evaluation must be taken into consideration as part of the provider's reappraisal/renewal of clinical privileges and appointment/reappointment to the medical staff.

CODE	PRIVILEGES	ACCEPTABLE	UN- ACCEPTABLE	NOT
	Perform history and physical examination to include pelvic, genitourinary, and rectal examination.	ACCEPTABLE	ACCEPTABLE	APPLICABLE
	b. Order and initially interpret diagnostic tests and procedure results, to include:			
	(1) Basic EKGs			
	(2) Diagnostic laboratory tests			
	(3) Radiological tests (including contrast material) which do not require hospitalization			
	(4) Basic radiographical films (skull, spine, chest, abdomen and extremities)			
	(5) Other (Specify)			
	Manage drug and/or fluid therapy for acute and chronic common illnesses not requiring hospitalization.			
	(1) Initiate therapy, as appropriate			
	(2) Continue therapy initiated by a consultant			
	d. Administer anesthetic agents, such as:			
	(1) Local and digital block anesthesia			
	(2) Other (Specify)			
	e. Perform emergency resuscitation, stabilization and management.			
	(1) Nasotracheal intubation			
	(2) Orotracheal intubation			
	(3) Defibrillation			
	f. Manage uncomplicated conditions of the:			
	(1) Respiratory tract			
	(2) Gastrointestinal tract			
	(3) Genitourinary tract			
	(4) Musculoskeletal system			
	(5) Cardiovascular system			
	(6) Skin			
	(7) Special senses			
	g. Initially stabilize and manage conditions, to include:			
	(1) Altered level of consciousness			
	(2) Suspected cervical injury			
	(3) Uncomplicated pneumothorax (with or without tension)			
	(4) Acute hypotension or hypertension			
	(5) Animal, insect, or human bites (with appropriate referral for hand injuries)			

CODE		PRIVILEGES	ACCEPTABLE	UN- ACCEPTABLE	NOT APPLICABLE
	(6)	Heat or cold injury	,,ooli iAble	. TOOLI TABLE	ALLEIOABLE
	(7)	Minor burns			
	(8)	Caustic ingestion			
	(9)	Allergic disorders (e.g., asthma, urticaria, sinusitis/rhinitis)			
	(10)	Other (Specify)			
	h. Perf	orm general medical procedures appropriate to a clinic setting, to include:			
	(1)	Central venous access			
	(2)	Venous cutdown			
	(3)	Interosseous infusion			
	(4)	Lumbar puncture			
	(5)	Gastric cannulation and lavage			
	(6)	Anoscopy			
	(7)	Thoracostomy			
	(8)	Other (Specify)			
	i. Eval	uate and treat minor dermatological conditions, to include:			
	(1)	Recommend shaving profile			
	(2)	KOH prep			
	(3)	Wart removal			
	(4)	Shave biopsy			
	(5)	Topical drug therapy			
	(6)	Skin infection			
	(7)	Other (Specify)	PERSONAL ENGRES		
	j. Evalu	uate and treat minor GYN problems, to include:			
	(1)	Perform bimanual pelvic exam, Pap smear, breast exam			
	(2)	Treat pelvic inflammatory disease (PID), nonsurgical, with consultation as required			
	(3)	Prescribe oral contraceptives			
	(4)	Remove intrauterine device (IUD)			
	(5)	Other (Specify)			
	k. Perfo	orm minor surgical procedures, appropriate to a clinic setting, to include:			
	(1)	Incision and drainage (I&D), simple abscess			
	(2)	I&D external thrombotic hemorrhoids, pilonidal cyst, with referral as appropriate			
	(3)	Manage infected ingrown nails			
	(4)	Excision of superficial subcutaneous lesions for pathologic study			
	(5)	Excision of foreign bodies from exposed and/or superficial soft tissue			
	(6)	Suture skin and superficial lacerations (except eyelid, ear, lip, central face, palm of hand)			
	37.350	Vasectomy			
	(7)				
	(7)	Other (Specify)	STORAGE HOLES		
	A-200	.131 (CON) (CON) (CON) (CON)	STEEL ST	gen several	

CODE		PRIVILEGES		ACCEPTABLE	ACCEPTABLE	APPLICABLE
		orm initial and emergency management of or, pending transfer, to include:	musculoskeletal trauma, minor or			
	(1)	Suture digital/extremity lacerations not in repair	nvolving nerve, tendon, or vessel			
	(2)	Provide non-surgical management of nec	ck and back pain			
	(3)	Aspirate and/or inject joints				
	(4)	Initial management (including casting) of referral	f closed orthopedic injuries, with			
	(5)	Closed reduction of digits, shoulder, or h	nip (with immediate consultation)			
	(6)	Other (Specify)				
	m. Othe			STORE MAN		
	(1)	Triage and manage mass casualty situati				
	(2)	With Flight Surgeon, plan and conduct m				
	(3)	Supervise the administration of immuniza	ations/vaccines			
	(4)	Supervise/conduct Soldier Readiness Pro	cessing (SRP)			
	(5)	Serve as profiling officer IAW AR 40-50	1			
	(6)	Provide health maintenance and disease counseling	prevention teaching and			
	(7)	Conduct occupational medicine surveillar	nce			
	(8)	Provide routine prenatal care				
	(9)	Perform emergency childbirth				
	(10)	Care for infants under two years of age				
	(11)	Other (Specify)				
		SECTION II - COMME	NTS (Explain any rating that is "Unacceptable"	:,		
NAME AND	TITLE OF	EVALUATOR	SIGNATURE		DATE	(YYYYMMDD)
NAME AND	TITLE OF	LVALOATOR	O'SIVATORE		DATE	(Controlled)